Statement of Organization
(Slate Mailer Organization)
(Government Code Sections 84100, 84101, 84103, 84104, 84106)

Please check one box to indicate the organization's level of activity:
☐ CITY
☐ STATE
☐ COUNTY

File original and one copy of this form with:
Secretary of State
Political Reform Division
1500 11th Street, Room 495
SACRAMENTO, CA 95814

And, if applicable, file one copy of this form with:
The city or county officer, if any, with whom the organization must file its original campaign disclosure statements.

Date qualified as a Slate Mailer Organization:
(Month, Day, Year)
09/16/2014

Slate Mailer Organization Information

FULL NAME OF SLATE MAILER ORGANIZATION:
Neighborhood Preservation Coalition

STREET ADDRESS OF SLATE MAILER ORGANIZATION:
c/o Lysa Ray 3843 S Bristol St #604

(NO AND STREET)

AREA CODE      PHONE NUMBER
(714) 540-2295

CITY
STATE
ZIP CODE
COUNTY

Santa Ana
CA
92704
Orange

MAILING ADDRESS OF FILER (IF DIFFERENT THAN ABOVE):

A OFFICIAL USE ONLY
B OFFICIAL USE ONLY

Treasurer And Other Principal Officers

<table>
<thead>
<tr>
<th>POSITION</th>
<th>NAME AND PERMANENT ADDRESS</th>
<th>(AREA CODE) DAYTIME PHONE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>TREASURER</td>
<td>Lysa Ray 3843 S Bristol St #604 Santa Ana, CA 92704</td>
<td>(714) 540-2295</td>
</tr>
<tr>
<td>Officer</td>
<td>Lysa Ray 603 E Alton Ave STE H Santa Ana, CA 92705</td>
<td>(714) 540-2295</td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.
Statement of Organization

FULL NAME OF STATE MAILER ORGANIZATION:
Neighborhood Preservation Coalition

III. Individuals Who Authorize Contents Of Slate Mailers (See instructions on reverse)

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>ADDRESS (NO. AND STREET, CITY, STATE, ZIP CODE)</th>
<th>(AREA CODE) DAYTIME PHONE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Ellis</td>
<td>603 E Alton Ave STE H Santa Ana, CA 92705</td>
<td>(714) 540-2295</td>
</tr>
</tbody>
</table>

Attach additional information on appropriately labeled continuation sheets.

IV. Is This Organization A “Committee” Pursuant To Government Code Section 82013?

☐ YES (PROVIDE THE NAME AND, IF RECIPIENT COMMITTEE, THE IDENTIFICATION NUMBER OF THE COMMITTEE.) ☑ NO

NAME __________________________________________________________ ID NO. __________________________

V. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/25/2018 at Santa Ana, CA By ________________________________

Name of Responsible Officer Lyss Ray TITLE: Treasurer

FPPC Form 400 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)